24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
ESAFund		
	C C00489856	
Check if Z 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
Red Eagle Media Group	07 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 815 Slaters Lane	Amount	
City State Zip Code	451611.00	
Alexandria VA 22314	Transaction ID : SE.6659 Date of Disbursement or Obligation	
Purpose of Expenditure media placement Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office	e Sought: X House District: 03	
Michael Crane Oppose	President Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:	
Full Name of Payee RedPrint Strategy	Date of Public Distribution/Dissemination	
Mailing Address P. O. Box 710993	07 20 2016	
P. O. Box 710993	Amount	
City State Zip Code	6500.00	
Herndon VA 20171	Transaction ID : SE.6656 Date of Disbursement or Obligation	
Purpose of Expenditure media production Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate Support Office	e Sought: X House District: 03	
Michael Crane Oppose	President Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought Disburged 0.00	General Other (specify) ► Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures	458111.00	
(4)	450111.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
24.0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
ESAFund	C C00489856	
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Date	e of Public Distribution/Dissemination	
Targeted Victory	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	ount	
Suite 400		
City State Zip Code Alexandria VA 22314 Trai	30000.00 nsaction ID : SE.6676	
Date	e of Disbursement or Obligation	
Purpose of Expenditure online advertising Category/ Type	M M / D D / Y Y Y Y Y	
Name of Federal Candidate Support Office Sou	ight: X House District: 03	
Michael Crane	sident Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	ent For:	
Full Name of Payee Dat	te of Public Distribution/Dissemination	
	M = M / D = D / Y = Y = Y	
Mailing Address Am	ount	
City State Zip Code		
Purpose of Expenditure Category/ Type	te of Disbursement or Obligation	
Name of Federal Candidate Support Office Sou	ught: House District:	
	sident Senate State:	
Calendar Year-To-Date Disbursem	nent For: Primary General	
Per Election for Office Sought	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	30000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures	488111.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Nancy H. Watkins [Electronically Filed] Date O7	21 2016	
Signature		